	~~			Doturn	of Organize	otion Exa	mnt	Erom Inc	omo Tox	,	OMB No. 1545-0047	
Form	<u>99</u>	U		Return	of Organiza		mpt		some ray	<u> </u>	2021	
			Under se	ection 501(c)	, 527, or 4947(a)(1)	of the Internal	Revenu	le Code (exce	ot private foun	dations)	2021	
Departe	oont of th	e Treasury		Do not e	nter social security	y numbers on t	his form	n as it may be	made public.		Open to Public	
		e Service		► Go to	www.irs.gov/Form	n990 for instruc	ctions a	nd the latest i	nformation.		Inspection	
A Fe	or the 2	2021 calend	ar y <u>ear, or t</u>	tax year beg	inning			, 2021, and	ending		, 20	
B Ch	eck if ap	plicable:	C Name	of organization ${f P}$	SC PARTNERS	SEEKING A C	CURE			D Employ	ver identification number	
Ac	ldress ch	ange	Doing	business as							20-2112635	
Na Na	me char	nge	Numb	er and street (or	P.O. box if mail is not deliv	vered to street addres	ss)	R	oom/suite	E Telepho	one number	
Ini	tial returr			E BELLEV					202	()	(303)771-5227	
Fir	nal return	/terminated			rovince, country, and ZIP	or foreign postal code	e			G Gross r	receipts	
Ar	nended r	eturn	ENGLE	EWOOD, CO	80111					\$	2,115,184	
Ap	plication	pending	F Name	and address of	principal officer:					a group return for		
						<u> </u>				l subordinates		
	x-exemp		501(c)(3)	501(c) () < (insert no.)	4947(a)(1) or	52	27			See instructions	
	ebsite:			INERS.ORC						exemption nu		
Par		-	Corporation	Trust A	ssociation Other	•	<u> </u> L	Year of formation:	2005 M	State of legal	domicile: CO	
Fai		Summar Briefly depor	•	nization's mir	nion or most signific		TO D					
		-	-		sion or most signific		-				RT FOR THOSE	
e					ASE BY RAISI						NTS AND A CURE	
Activities & Governance		FOR IHIS	KAKE LI	LVER DISE	ASE DI KAISI	NG AND ALL	TGUTIK	5 FUNDING	IO DRIVE I	LOLARC.	n.	
verr	2	Check this b	ox ▶ 🗌 if th	he organizatio	on discontinued its o	perations or disr	nosed of	f more than 259	% of its net ass	ets		
Ő					verning body (Part V						15	
త			0	0	ers of the governing	, ,					15	
ties			•	0	in calendar year 20		,			_	8	
XİVİ				ers (estimate i			,				245	
Ă				,	n Part VIII, column (. 7a	0	
	b	Net unrelate	d business t	axable incom	e from Form 990-T,	Part I, line 11 .				. 7b	0	
									Prior Yea		Current Year	
	8	Contributions	and grants	(Part VIII, lin	e1h)			[1,32	1,290	2,076,711	
ne	9	Program ser	vice revenue	e (Part VIII, li	ne 2g)			[15	7,237	15,000	
Revenue	10	Investment ir	ncome (Part	VIII, column	(A), lines 3, 4, and 7	d)			9	4,589	18,153	
Re	11	Other revenu	e (Part VIII,	column (A),	ines 5, 6d, 8c, 9c, 1	0c, and 11e) .		[1	2,974	5,320	
	12	Total revenu	e - add lines	8 through 11	(must equal Part VI	II, column (A), li	ine 12)		1,58	6,090	2,115,184	
	13	Grants and s	imilar amou	nts paid (Par	t IX, column (A), line	es 1-3)			35	3,000	370,487	
		Benefits paid		0								
Ś		-	•		ee benefits (Part IX,	():	,	F	45	6,387	602,124	
ISe			0		, column (A), line 11	,					0	
Expenses					olumn (D), line 25)							
ш				. ,	lines 11a-11d, 11f-2					1,586	191,017	
					st equal Part IX, colu	., ,		F		0,973	1,163,628	
	19	Revenue les	s expenses.	Suptract line	e 18 from line 12 .			•••••		5,117	951,556	
s or nces	20	Total assist	(Dort V Har-	16)				F	Beginning of Cur		End of Year	
Net Assets or Fund Balances		Total assets Total liabilitie		,				F		8,056	3,594,920	
let A und			(,	t line 21 from line 20			H		4,750 3,306	13,536 3,581,384	
Par			re Block					•••••	2,05	3,300	3,301,304	
				examined this re	turn, including accompany	ving schedules and st	tatements,	and to the best of r	ny knowledge and b	elief, it is		
true, c	orrect, ar	nd complete. De	claration of prep	arer (other than o	officer) is based on all info	rmation of which prep	parer has a	iny knowledge.				
]	RICK	Y SAFER								11-01-2022	
Sign		· · · · · · · · · · · · · · · · · · ·	e of officer							Date		
Here	e lí	RICK	Y SAFER,	CEOMEMB	ER							
		· · · · · · · · · · · · · · · · · · ·	print name and									
	,	Print/Type pre	parer's name		Preparer's signature			Date	Check	if F	PTIN	
Paid		Charles	Poysti	, CPA	Charles Poys	sti, CPA		11-01-2022	self-ei	mployed	P00070003	
Prep	arer	Firm's name	•	Poysti	& Associates	LLC			Firm's EIN			
Use	Only	Firm's addres	s 🕨	PO Box	371467				Phone no.			
	_			Denver	CO 80237					303-2	85-2500	
May t	ne IRS	discuss this	return with t	he preparer s	shown above? See i	nstructions .				<u></u> .	X Yes 🗌 No	
For P	aperwo	ork Reducti	on Act Noti	ce. see the s	eparate instruction						Form 990 (2021)	

	990 (2021) PSC PARTNERS SEEKING A CURE		20-2112635	Page 2
Pa	t III Statement of Program Service Acco	•		
	Check if Schedule O contains a response or note	to any line in this Part III	<u></u>	•
1	Briefly describe the organization's mission:			
	TO PROVIDE EDUCATION AND SUPPORT FOR			
	WHILE SEARCHING FOR TREATMENTS AND A	CURE FOR THIS RARE LIVER D	DISEASE BY RAISING AND ALLIGN	ING
	FUNDING TO DRIVE RESEARCH.			
_	Did the exercise time and database and all 100 st	da a alemán a deservador de la compositiva		
2	Did the organization undertake any significant program ser prior Form 990 or 990-EZ?			0
3	Did the organization cease conducting, or make significant services?			0
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishment expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations at the total expenses, and revenue, if any, for each program s	re required to report the amount of gran	-	
4a	(Code:) (Expenses \$999,86	2 including grants of \$ 370	0,486) (Revenue \$ 15,00	0)
	PROVIDE ONLINE EDUCATION AND SUPPORT	FOR THOSE IMPACTED BY PRIM	MARY SCLEROSING CHOLANGITIS (PSC),
	WHILE ALSO SEARCHING FOR TREATMENTS A	ND A CURE FOR THIS RARE L	IVER DISEASE BY RAISING AND	
	ALIGNING FUNDING TO DRIVE RESEARCH.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
4e	(Expenses \$ including grants of Total program service expenses ► 99	\$) (Revenu 9,862	ер))	
EEA		5,002	Form 990	(2021)

Form	1 990 (2021) PSC PARTNERS SEEKING A CURE 20-21126	35	F	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		-	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
a	complete Schedule D, Part VI	11a	v	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 Id	x	<u> </u>
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
		11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a	x	
b				<u> </u>
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

	1 990 (2021) PSC PARTNERS SEEKING A CURE 20-211	.2635	5	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	•			~
20	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	יכ	\bigvee		
	through 24d and complete Schedule K. If "No," go to line 25a	2	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 2	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?	2	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 2	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 2	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	2	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	📑	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	· · 🔁	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	· <u>2</u>	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1			
20	"Yes," complete Schedule L, Part IV		28c 29		X
29 30	Did the organization receive more than \$25,000 in hon-cash contributions? <i>If res, complete Schedule W.</i>	•	29		х
30	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				<u></u>
02	complete Schedule N, Part II		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	;	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1	:	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	3	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 3	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	📑	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 3	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.	:	38	х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
		. 🗖		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	10	C	Х	

_		20-21126	35	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		_3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	f	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	t t t t t t t t t t t t t t t t t t t	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	••••	00		
ua			60		
Ŀ.	organization solicit any contributions that were not tax deductible as charitable contributions?	• • • • • •	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		~		
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	- F	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	t	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	t	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	f	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
•	sponsoring organization have excess business holdings at any time during the year?		8		x
9	Sponsoring organizations maintaining donor advised funds.	••••			
	Did the sponsoring organization make any taxable distributions under section 4966?		00		v
a ⊾		t t	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	••••	9b		X
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
N	the organization is licensed to issue qualified health plans				
-					
C	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	t	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	•••••	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	•••••	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

	n 990 (2021) PSC PARTNERS SEEKING A CURE 20-2112	635	P	age 6
Pa	ITT VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	ra "No	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
See	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_		
2	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		v
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x x
- 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		r	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	X	
C	describe in Schedule O how this was done.	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed Colorado Section 6104 requires an exception to make its Forms 1022 (1024 or 1024 A if applicable), 000, and 000 T (Section 501(a))			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
1.5	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICKY SAFER (303)771-5227, 6900 E BELLEVIEW AVE, ENGLEWOOD, CO 80111			
	· · · · · · · · · · · · · · · · · · ·			

Form 990 (202	1) PSC PARTNERS SEEKING A CURE	20-2112635	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	
organization's t	ax year.		
List all of	the organization's current officers, directors, trustees (whether individuals or organizations), regardles	s of amount of	

- compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. of the organization's current key employees, if any. See instructions for definition of 'key employee. List all
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

x Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	.ca e.gamzat				<u> </u>	, oui				
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week		,		,			from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or d	Insti	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	irecto	tutio	cer	emp	Noye	ner	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste		e	bens				
	dotted line)		õ			ated				
(1) MEEGAN CAREY	40.00									
EXECUTIVE DIRECTOR						х		125,489	0	0
(2) JOANNE HATCHETT	40.00									
EMPLOYEE						х		116,506	0	0
(3) WILLIE MCKINNEY										
MEMBER		х						0	0	0
(4) WES HENDRIX										
MEMBER		х						0	0	0
(5) TRISH STOLTZFUS										
MEMBER		х						0	0	0
(6) LEAH_SCIABARRASI										
MEMBER		х						0	0	0
(7) JESSE_KIRKPATRICK										
MEMBER		х						0	0	0
(8) NICOLE DESANTIS										
MEMBER		х						0	0	0
(9) STUART BARNETT										
MEMBER		х						0	0	0
(10)RICKY_SAFER										
CEO\MEMBER		х						0	0	0
(11) FRED_SABERNICK										
MEMBER		х						0	0	0
(12)RACHEL GOMEL										
MEMBER		х						0	0	0
(13)KATHY HALLORAN										
MEMBER		х						0	0	0
(14) JENNIFER_SIMS										
TREASURER		х		х				0	0	0
FFA										Form 990 (2021)

									-2112	635	Pa	age 8
Part VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, and	High	est Co	omp	ensated Employe	es (continu	ued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	not check , unless p cer and a	erson i	ihan one is both ar r/trustee)		(D) Reportable compensation from the organization (W-2/ 1099-NISC/ 1099-NEC)	(E) Reportal compensa from relat organization: 1099-MIS 1099-NE	tion ted s (W-2/ SC/	cor fi orgai	(F) ated amo of other npensatio om the nization a d organiza	on and
(15)BRITT MOORE												
SECRETARY		x	X	<u> </u>			0		0			0
(16)JAMES_MCMURTRY VICE CHAIR		x	x l				0		o			0
(17) JOANNE GRIEME												
CHAIR		x	X	<u> </u>			0		0			0
<u>(18)</u>												
(20)												
<u>(</u> 20)												
(21)												
(22)												
(23)												
<u>(24)</u>												
(25)												
1b Subtotal						• •						
c Total from continuation sheets to Part VII, Sect	ion A .					• 🕨						
d Total (add lines 1b and 1c)									0			0
2 Total number of individuals (including but not limit reportable compensation from the organization		listed a	bove) v	vho r	eceiveo	d m	ore than \$100,000	of			Yes	2 No
3 Did the organization list any former officer, direc		•			-		•					
employee on line 1a? If "Yes," complete Schedul									• • • •	3		х
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater th												
individual										4		x
5 Did any person listed on line 1a receive or accrue												
for services rendered to the organization? If "Yes	s," complete	Sched	lule J fo	or suc	ch pers	on			• • •	5		х
Section B. Independent Contractors	(20 - 1				
1 Complete this table for your five highest compensation from the organization. Report comp									x vear			
(A)	Chouldnie		ieridar j			with	(B)		k your.	(C)		
Name and business addres	S						Description of servi	ces		Compens	ation	
2 Total number of independent contractors (includin	g but not lim	ited to	those I	isted	above)) wh	10					
received more than \$100,000 of compensation fro	m the organi	ization	►									

Form 9	90 (20			NERS SEEK	ING	A CURE			20-21126	35 Page 9
Part	VIII	Statement of Rev	enu	е						
		Check if Schedule O co	ontain	s a response c	or no	ote to any line in th	is Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b				1b		-			
rants unts	с	Fundraising events			1c					
Contributions, Gifts, Grants and Other Similar Amounts	d e	Related organizations . Government grants (contr	ributio		1d 1e	SPE				
s, G	f	All other contributions, gif	ts, gr	ants,						
ar Si		and similar amounts not i	nclud	ed above	1f	2,076,711				
Sthe	g	Noncash contributions inc	clude	d in						
nd (lines 1a-1f	•••	· • • • • •	1g	\$	_			
9 O	h	Total. Add lines 1a-1f					2,076,711			
						Business Code				
đ	2a	CONFERENCE REVENU	JE		_	900099	15,000	15,000		
, vic	b				_					
Ser	C				_					
Program Service Revenue	d				_					
лgo В	е				_					
Ţ		All other program service								
	g	Total. Add lines 2a-2f .	• •		••	•••••	15,000			
	3	Investment income (includi								
		other similar amounts) .					18,153			18,153
	4	Income from investment of	tax-e	exempt bond p	roce	eds►				
	5	Royalties	•••		••					
				(i) Real		(ii) Personal	-			
		Gross rents					-			
		Less: rental expenses	6b				-			
		Rental income or (loss)	6c							
	d	Net rental income or (loss)				🕨				
	7a	Gross amount from		(i) Securities		(ii) Other	-			
		sales of assets								
		other than inventory	7a				_			
	b	Less: cost or other basis								
e		and sales expenses	7b							
ven	c	Gain or (loss)	7c							
Re	d	Net gain or (loss)	•••		••	🕨				
Other Revenue	8a	Gross income from fundra	ising							
ŧ		events (not including \$								
		of contributions reported o	n line	•						
		1c). See Part IV, line 18	• •		8a					
	b	Less: direct expenses .	•••		8b					
	c	Net income or (loss) from	fundr	aising events						
	9a	Gross income from gaming	g							
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .	••		9b					
	c	Net income or (loss) from	gami	ng activities						
	10a	Gross sales of inventory, I returns and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
						Business Code				
S	11a	OTHER				900099	5,320	5,320		
Inol	b									
ella	c									
Miscellanous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11d	•				5,320			
	12	Total revenue. See instru	iction	s			2,115,184	20,320	0	18,153

	Check if Schedule O contains a response or note to	any line in this Part IX	• • • • • • • • • • • <u>•</u>	• • • • • • • • • • • •	
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	207,487	207,487		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	DEC			
3	Grants and other assistance to foreign		TUN		
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	163,000	163,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	125,489	81,568	31,372	12,549
6	Compensation not included above, to disgualified	125,105	01,500	51,572	12,515
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	406 190	353,342	20 5 61	12 296
8	5	406,189	353,342	39,561	13,286
0	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,549	24,989	4,076	1,484
10	Payroll taxes	39 , 897	32,635	5,323	1,939
11	Fees for services (nonemployees):				
a					
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	18,702		18,702	
12	Advertising and promotion	1,187	691	42	454
13	Office expenses	23,183	13,473	6,232	3,478
14	Information technology	36,641	23,817	5,356	7,468
15	Royalties				
16	Occupancy	41,108	38,231	2,055	822
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	40,201	36,181	3,217	803
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,037	5,433	483	121
23		3,112	778	2,178	156
24	Other expenses. Itemize expenses not covered	-		-	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PATIENT REGISTRY	19,527	17,379	976	1,172
b	POSTAGE	1,319	858	66	395
c		_,5_5			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	1,163,628	999,862	119,639	44,127
26	Joint costs. Complete this line only if the	1,103,020	555,002	119,039	11/12/
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if				
	following SOP 98-2 (ASC 958-720)				

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

20-2112635

Page 10

	990 (20		2	0-21126	35 Page 11
Part		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
	4	Cook non interest baseing	Beginning of year	1	End of year
	1	Cash - non-interest-bearing			04 640
	2	Savings and temporary cash investments		2	84,648
	3	Pledges and grants receivable, net		3	720,725
	4 5	Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	. 38,716	4	36,724
		controlled entity or family member of any of these persons	•	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \ldots	•	6	
6	7	Notes and loans receivable, net	•	7	
Assets	8	Inventories for sale or use	•	8	
As	9	Prepaid expenses and deferred charges	. 20,690	9	12,863
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 24,02	L3		
	b	Less: accumulated depreciation	52 4,696	10c	11,151
	11	Investments - publicly traded securities	. 2,589,714	11	2,728,809
	12	Investments - other securities. See Part IV, line 11	•	12	
	13	Investments - program-related. See Part IV, line 11	•	13	
	14	Intangible assets	•	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	. 2,718,056	16	3,594,920
	17	Accounts payable and accrued expenses	. 7,915	17	13,536
	18	Grants payable	•	18	
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	. 56,835	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	. 64,750	26	13,536
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	. 1,623,958	27	1,848,137
alan	28	Net assets with donor restrictions		28	1,733,247
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
unc		and complete lines 29 through 33.			
or F	29	Capital stock or trust principal, or current funds		29	
its (30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
et A	32	Total net assets or fund balances		32	3,581,384
ž	33	Total liabilities and net assets/fund balances		33	3,594,920

EEA

Form 990 (2021)

Form	990 (2021) PSC PARTNERS SEEKING A CURE	20-211	2635		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		2,3	115,	184
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		1,	163,	628
3	Revenue less expenses. Subtract line 2 from line 1	. 3			951,	556
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		2,	653,	306
5	Net unrealized gains (losses) on investments	. 5			(23,	478)
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7	\square	\mathbf{V}		
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10		3,	581,	384
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				•••	<u>. </u>
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • • •	🛓	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	• • • •	· · ·	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • •	· · · L	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
EEA			F	=orm	990 (2	2021)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2021

Open to Public

. Inspection

•	Attach	to Forn	n 990 o	r Forn	1 990-EZ.	
	-					

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name	lame of the organization Employer identification number							
PSC PARTNERS SEEKING A CURE 20-2112635						5		
Par	art I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The c 1 2	rgar	nization is not a private foundation be A church, convention of churches, A school described in section 170	or association of c	hurches described in se	ction 170(⊃γ
3		A hospital or a cooperative hospital	I service organizat	ion described in section	170(b)(1)	(A)(iii).		
4		A medical research organization of	perated in conjunct	tion with a hospital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the	
	_	hospital's name, city, and state:						
5		An organization operated for the be section 170(b)(1)(A)(iv). (Complete	-	r university owned or ope	erated by a	governme	ental unit described in	
6		A federal, state, or local governme	,	Lunit described in sectio	n 170/h)//	11(A)(y)		
7	Н	An organization that normally receiv	0		• • •		rom the general public	
'		described in section 170(b)(1)(A)(overnmenn		on the general public	
8		A community trust described in see	ction 170(b)(1)(A)	(vi). (Complete Part II.)				
9		An agricultural research organizati			perated in	conjunctio	n with a land-grant coll	ege
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or	
		university:						
10	X	An organization that normally receipts from activities related to its support from gross investment inco acquired by the organization after a	exempt functions, me and unrelated b June 30, 1975. See	subject to certain except business taxable income e section 509(a)(2). (Co	tions; and ((less secti mplete Pa	(2) no mor on 511 tax rt III.)	e than 33 1/3% of its) from businesses	S
11		An organization organized and ope		, ,				
12		An organization organized and ope						
		one or more publicly supported org						S). Check
_		the box in lines 12a through 12d that					-	
а		Type I. A supporting organizat			••	0		ving
		the supported organization(s) the supported organization				directors	or trustees of the	
		supporting organization. You r	•					
b		Type II. A supporting organiza	•					0
		control or management of the s			persons that	it control of	r manage the supporte	d
_		organization(s). You must cor	•				to a standard the factor and the d	- 20-
С		Type III functionally integrate		•				with,
		its supported organization(s) (s						:(-)
d		Type III non-functionally inte		•••				. ,
		that is not functionally integrate	0	• • •		•	ent and an attentivenes	5
		requirement (see instructions).	•					
е		Check this box if the organization functionally integrated, or Type					і, туре ії, туре ії	
f	_	nter the number of supported organ		integrated supporting of	ganization	•		
g	_	rovide the following information abo		\cdots				•••
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	(,)			(described on lines 1-10 above (see instructions))	listed in you docum	r governing	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

		RS SEEKING				20-211263	<u>v</u>
Part							
	(Complete only if you checked th						alify under
<u> </u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
	on A. Public Support	() 00/7	(1) 00 (0	() 00 (0	(1) 0000	() 000(
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
2	include any "unusual grants.") Tax revenues levied for the				 (,		Y
2							•
	organization's benefit and either paid to or expended on its behalf						
3	or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o	•			•	•	, , ,
	organization, check this box and stop he						<u></u> ► □
Secti	on C. Computation of Public Suppo					1	
14	Public support percentage for 2021 (line 6		•			14	%
15	Public support percentage from 2020 Sch					15	%
16a	33 1/3% support test - 2021. If the organ						
_	box and stop here. The organization qua						
b	33 1/3% support test - 2020. If the organ						
	this box and stop here. The organization		• • • •	•			
17a	10%-facts-and-circumstances test - 20	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa			-			
	organization						
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	
	in Part VI how the organization meets the			•	•	• •	· ·
10	organization						
18	Private foundation. If the organization di						
	instructions			• • • • • • • •			•••• 🛃 🗌

	e A (Form 990) 2021 PSC PARTNER					20-211263	5 Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I	or if the orgar	nization failed	to qualify und	der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support			· · ·	•	•	
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	. /					
	received. (Do not include any "unusual grants.").	508,954	_799,674	996.765	1,321,290	2.076.711	5,703,394
2	Gross receipts from admissions, merchandise	ICD		TIO			
-	sold or services performed, or facilities						Y
	furnished in any activity that is related to the organization's tax-exempt purpose	234,762	227,996	266,619	157,237	15,000	901,614
3	Gross receipts from activities that are not an	234,702	227,550	200,015	1377237	15,000	J01,014
Ű	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-							
	organization's benefit and either paid to						
-	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
•	organization without charge						
6	Total. Add lines 1 through 5	743,716	1,027,670	1,263,384	1,478,527	2,091,711	6,605,008
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						6,605,008
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	743,716	1,027,670	1,263,384	1,478,527	2,091,711	6,605,008
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	49,502	3,526	81,271	94,589	18,153	247,041
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	49,502	3,526	81,271	94,589	18,153	247,041
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)			250	12,974	5,320	18,544
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	793,218	1.031.196	1,344,905	1,586,090	2,115,184	6,870,593
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop her						
Section	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	-		13 column (f))		15	96.13 %
16	Public support percentage from 2020 Sch		•			16	95.33 %
-	on D. Computation of Investment Inc				<u></u>	10	95.33 /0
17	Investment income percentage for 2021 (I			v line 13 colu	mn (f))	17	4.00 %
18				•		18	
	Investment income percentage from 2020 33 1/3% support tests - 2021. If the orga					-	4.00 %
19a							
L	17 is not more than 33 1/3%, check this be	-	-	-			
b	33 1/3% support tests - 2020. If the organizati						
20	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	a not check a	box on line 14,	198, or 190, c	THECK THIS DOX 8	and see instruc	uons 🕨 📋

Page 4

Part IV Supporting Organizations (Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing 1 documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 1 class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990) 2021

			res	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c	,	
Section	on B. Type I Supporting Organizations O LOIDON OO			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Saati	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Secu	on c. Type if Supporting Organizations		Vac	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
I	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
a a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
N	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Schedu		orm 99	0) 2021
				, _, _

Part IV Supporting Organizations (continued)

 Schedule A (Form 990) 2021
 PSC PARTNERS
 SEEKING A CURE
 20-2112635
 Page 5

Yes No

Part									
1									
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A - Adjusted Net Income (A) Prior Year									
0000				(optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3		$\mathbf{P}\mathbf{V}$					
4	Add lines 1 through 3. C INOI LOI	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection								
	of gross income or for management, conservation, or maintenance of								
	property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
	Fair market value of other non-exempt-use assets	1c							
	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Section C - Distributable Amount				Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
_			· · · · · · · · · · · ·						

PSC PARTNERS SEEKING A CURE

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 6

20-2112635

	e A (Form 990) 2021 PSC PARTNERS SEEKING A CU		20-211	2635 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	 provide details in Part 	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
•		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distributely a second for 2024 form Oration Or line O		Pre-2021	Amount for 2021
<u>1</u> 2	Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021			
2	(reasonable cause required - <i>explain in Part VI</i>). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
<u>a</u>	Excess from 2017			
b	Excess from 2018			
 d	Excess from 2019 Excess from 2020			
e	Evenes from 2021			
EEA				Schedule A (Form 990) 2021

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; PartIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, SectionB, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)



Schedule B (Form 990)	Schedule of Contributors	-	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 		2021
Name of the organization		Employer iden	tification number
PSC PARTNERS SEEK		20-211	.2635
Organization type (check	one):		
Filers of: PUE	BLaction: INSPECTION	CO	PY
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation		
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		
	501(c)(3) taxable private foundation		

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA

	(Form 990) (2021) prganization		Page 2 Employer identification number
	RTNERS SEEKING A CURE		20-2112635
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional spa	ce is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	PUBLIC INSPEC	LION \$61	Person X Payroll I Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
2		\$100	PersonxPayrollINoncashI(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$100	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$110	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$200	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person □ Payroll □ Noncash □ (Complete Part II for noncash contributions.)

COLIF						1 -		
	EDULE D n 990)	Supplemental	Financial S	itatements		OMB No. 154		
(FOIII	1990)	Complete if the organ					2021	
		Part IV, line 6, 7, 8, 9, 10, 1		e, 11f, 12a, or 12b.			pen to Public	
	nent of the Treasury Revenue Service	► A ► Go to www.irs.gov/Form99	ttach to Form 990.	nd the latest informa	tion		spection	
	f the organization					entification		
	-	KING A CURE				112635		
		ations Maintaining Donor Advised F	unds or Other Si	nilar Funds or Acc				
		te if the organization answered "Yes" or						
	DH			dvised funds) Funds and c	other accounts	
1	Total number at	end of year						
2	Aggregate value	of contributions to (during year)						
3	Aggregate value	of grants from (during year)						
4	Aggregate value	at end of year						
5	Did the organiza	tion inform all donors and donor advisors in w	riting that the assets	held in donor advised				
		ganization's property, subject to the organizat	•				Yes No	
6	-	tion inform all grantees, donors, and donor ac	-	-				
	2	e purposes and not for the benefit of the dono		, , ,				
Daw		missible private benefit?			• • • • •		Yes No	
Part		rvation Easements.		/ line 7				
1		te if the organization answered "Yes" or onservation easements held by the organization						
		of land for public use (for example, recreation	· · ·	Preservation of a h	vistorically i	moortant lar	nd area	
	_	natural habitat		Preservation of a c	-	•		
	=	of open space						
2	_	a through 2d if the organization held a qualifie	ed conservation cont	ibution in the form of a	conservatio	on		
_		last day of the tax year.					End of the Tax Year	
а		conservation easements			. 2a			
b	Total acreage re	stricted by conservation easements			. 2b			
с	Number of conse	ervation easements on a certified historic stru	cture included in (a)		. 2c			
d	Number of conse	ervation easements included in (c) acquired a	fter 7/25/06, and not	on a				
	historic structure	listed in the National Register			. 2d			
3	Number of conse	ervation easements modified, transferred, rele	eased, extinguished,	or terminated by the or	ganization	during the		
	tax year ►							
4		s where property subject to conservation eas		▶				
5	0	zation have a written policy regarding the peri	0.1					
-	,	nforcement of the conservation easements it l						
6	Staff and volunte	er hours devoted to monitoring, inspecting, ha	andling of violations,	and enforcing conserva	ation easem	ents during	the year	
7		 nses incurred in monitoring, inspecting, handli	ng of violations and	onforcing concorrection		during the		
7		ises incurred in monitoring, inspecting, nandli	ng of violations, and	enforcing conservation	easements	auring the	year	
8	► \$	 ervation easement reported on line 2(d) abov	e satisfy the requirer	nents of section 170(h)	(4)(B)(i)			
Ū		(h)(4)(B)(ii)?					☐ Yes ☐ No	
9		ribe how the organization reports conservation						
•		nd include, if applicable, the text of the footno		•				
		counting for conservation easements.	<u> </u>					
Part		zations Maintaining Collections of	of Art, Historica	I Treasures, or O	ther Sim	ilar Asse	ets.	
	Complet	te if the organization answered "Yes" or	n Form 990, Part I	V, line 8.				
1a	If the organizatio	on elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and	balance sh	eet works		
	of art, historical t	reasures, or other similar assets held for publ	ic exhibition, educati	on, or research in furth	erance of p	ublic		
	service, provide	in Part XIII the text of the footnote to its finan	cial statements that c	lescribes these items.				
b	-	on elected, as permitted under FASB ASC 95						
		asures, or other similar assets held for public	exhibition, education	or research in furthera	ince of pub	ic service,		
	•	wing amounts relating to these items:						
		luded on Form 990, Part VIII, line 1				► \$		
_		ded in Form 990, Part X				► \$		
2	-	on received or held works of art, historical trea		-	ain, provide	the		
-	-	ts required to be reported under FASB ASC s	-			¢		
a b		d on Form 990, Part VIII, line 1						
b		111 UIII 330, I AILA				· · · ·		

	D (Form 990) 2021 PSC PARTNERS S							20-2112			Page 2
Par									ssets (d	contii	nued)
3	Using the organization's acquisition, access	sion, ar	nd other record	ls, check a	any of the fo	llowing that i	make się	pnificant use of its			
	collection items (check all that apply):										
а	Public exhibition			d	Loan o	r exchange p	rograms	6			
b	Scholarly research			е	Other						
с	Preservation for future generations										
4	Provide a description of the organization's of	collecti	ons and explai	n how the	y further the	e organizatio	n's exen	npt purpose in Part	I		
	XIII				,	0					
5	During the year, did the organization solicit	or rece	ive donations	of art_hist	orical treas	ures or othe	r similar	\cap			
•	assets to be sold to raise funds rather than										No
Par	IV Escrow and Custodial Arra				organizativ						
i ui	Complete if the organization			on For	m 990 P	art IV line	9 or	renorted an arr	ount or	For	m
	990, Part X, line 21.	ansv			11 550, 1		, 0 , 0	reported an an		1101	
- 10	Is the organization an agent, trustee, custoo	lion or	other intermed	ion, for oo	ntributiona	or other ease	to not				
1a				-						. Г	_ N.
	included on Form 990, Part X?						• • • •		. ∐ Ye	es [No
b	If "Yes," explain the arrangement in Part XI	II and o	complete the to	bilowing ta	DIE:						
							-		nount		
С	Beginning balance										
d	Additions during the year							1			
е	Distributions during the year	• • •					. 16	•			
f	Ending balance										
2a	Did the organization include an amount on I	Form 9	90, Part X, line	e 21, for es	scrow or cu	stodial accou	unt liabili [.]	ty?	. 🗌 Ye	es [No
b	If "Yes," explain the arrangement in Part XI	II. Che	ck here if the e	explanation	n has been	provided on	Part XIII			. [
Par	V Endowment Funds.										
	Complete if the organization	ansv	vered "Yes"	' on Fori	n 990, P	art IV, line	10.				
		(a)	Current year	(b) Pr	ior year	(c) Two years	s back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance										
b											
с	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
	Other expenditures for facilities and										
е											
4											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu				column (a)) held as:					
а	Board designated or quasi-endowment	-		_%							
b	Permanent endowment	%									
С	Term endowment	, D									
	The percentages on lines 2a, 2b, and 2c sh	ould ec	ual 100%.								
3a	Are there endowment funds not in the poss	session	of the organiz	ation that	are held ar	d administer	ed for th	е			
	organization by:									Yes	No
	(i) Unrelated organizations								. 3a(i		
	(ii) Related organizations								. 3a(ii		
b	If "Yes" on line 3a(ii), are the related organ										
4	Describe in Part XIII the intended uses of t										1
Par											
I UI	Complete if the organization	-		on For	m 990 P	art IV line	11a 9	See Form 990	Part X	line	10
	Description of property		(a) Cost or othe			r other basis		Accumulated		ok valu	
	Description of property		(a) Cost or othe			r other basis other)		epreciation	(u) B0	UN VAIU	6
4 -	Lond			,	+ "		-				
1a											
b	Buildings										
C	Leasehold improvements	••									
d	Equipment	•••				24,013		12,862		11	,151
e	Other										
Total.	Add lines 1a through 1e. (Column (d) must	equal	Form 990, Pai	rt X, colun	nn (B), line	10c.)				11	,151
EEA									Schedule D	(Form	990) 202 [.]

Schedule D	(Form	990)	2021
ochedule D	(1 01111	330)	202

Schedule D (Form	,	EKING A CURE		20-2112635 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11b. Se	e Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Boo	k value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial c	erivatives			
., ,	Id equity interests			
(3) Other				
(A)				
(B)		SPE()]	 (_) \ _(
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total (Column	(b) must aqual Form 000 Part V act (P) line	12 \		
Part VIII	(b) must equal Form 990, Part X, col. (B) line Investments - Program Related.	2.)		
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11c. Se	e Form 990, Part X, line 13.
	(a) Description of investment	(b) Boo	k value	(c) Method of valuation:
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u> (6)				
,				
(7) (8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line	(3)		
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line 11d. Se	e Form 990, Part X, line 15.
		Description	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line	(5.)		. ►
Part X	Other Liabilities.			
	Complete if the organization answere	ed "Yes" on Form 990, P	art IV, line The or T	Th. See Form 990, Part X,
	line 25.			
<u>1.</u>	(a) Description of liability	(b) Book value	_	
(1) Federal ii	icome taxes		_	
(2)			_	
(3) (4)			_	
(5)			_	
(6)			-	
(7)			-	
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) . 🕨			
	uncertain tax positions. In Part XIII, provide the to	ext of the footnote to the organi	zation's financial statem	ents that reports the
-	iability for uncertain tax positions under FASB A	-		

Schedule		0-2112635	Page 4
Part		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,091,706
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Other (Describe in Part XIII.) 2d Add lines 2a through 2d	2e	(23,478)
3	Subtract line 2e from line 1	3	2,115,184
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,115,184
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements	1	1,163,628
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,163,628
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,163,628
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE F (Form 990)	Statement of Activities Outside the United States	S OMB No. 1545-0047					
	 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. 						
Department of the Treasury	 Attach to Form 990. 	Open to Public					
Internal Revenue Service							
Name of the organization		Employer identification number					
PSC PARTNERS	EEKING A CURE	20-2112635					
Part I Gene	ral Information on Activities Outside the United States. Complete if the organization a	answered "Yes" on					
Form	990, Part IV, line 14b.						
other assista	kers. Does the organization maintain records to substantiate the amount of its grants and nee the grantees' eligibility for the grants or assistance, and the selection criteria used to ants or assistance?	OPY x Yes □ No					

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EU	IROPE (INCLUDING					
(1) I (ELAND AND GREENLAND)	5	5	Program services	MEDICAL RESEARCH	163,000
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	5	5			163,000
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)	5	5			163,000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2021

PSC PARTNERS SHEKING A CURE INSPECTION COP 20-2112635

Page **2**

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000, Part II can be duplicated if additional space is needed.

1	(a) Name of (b) IRS c organization section and (if applic	EIN	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCL	JDING ICELAND					
)		AND GREENLAN) MEDICAL RESEARCH	163,000	BANK WIRE			
)								
,								
)								
)								
)								
)								
)								
, 0)								
1)								
2)								
3)								
4)								
- <i>,</i> 5)								
6)								
2	Enter total number of recipient	-	-				·	
3	exempt 501(c)(3) organization Enter total number of other orga							

	RTNERS SEEKING A		the United State	s. Complete if the	organization ans	20-2112635 wered "Yes" on Form 9	Page 90. Part IV. line 16
Part III can be duplic	ated if additional spa	ace is needed.					,,
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
_(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
<u>(</u> 12)							
<u>(13)</u>							
<u>(</u> 14)							
<u>(15)</u>							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2021

EEA

Part	IV Foreign Forms				
		-			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"				
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign				
	Corporation (see Instructions for Form 926)	. 🗌	Yes	х	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may				
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990))[Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"				
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To				
	Certain Foreign Corporations (see Instructions for Form 5471)	•	Yes	х	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a				
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,				
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing				
	Fund (see Instructions for Form 8621)	. 🗆	Yes	х	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"				
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain				
	Foreign Partnerships (see Instructions for Form 8865)	. 🗌	Yes	х	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If				
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see				
	Instructions for Form 5713; don't file with Form 990)	. 🗆	Yes	х	No
EEA		Schedu	ile F (Fo	m 99	0) 202 [.]

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.										
PUBLIC INSPECTION COPY										

SCHEDULE I		ants and Othe				1	OMB No. 1545-0047
(Form 990)	Gov	ernments, and	Individuals in	the United Stat	es – –		2021
	Comple	te if the organization a	nswered "Yes" on For	m 990, Part IV, line 21	or 22.	Y h	Open to Public
Department of the Treasury Internal Revenue Service		► Go to www.irs	Attach to Form 990. .gov/Form990 for the	latest information.		·	Inspection
Name of the organization			.			Employer identification	
PSC PARTNERS SEEKING A CURE						20-2112635	5
Part I General Information on	Grants and Assi	stance					
1 Does the organization maintain records to	substantiate the amo	ount of the grants or assi	stance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteria used to award the gr	ants or assistance?						<u>x</u> Yes 🗌 No
2 Describe in Part IV the organization's pro	cedures for monitorin	g the use of grant funds	in the United States.				
Part II Grants and Other Assistan	ce to Domestic O	rganizations and Do	mestic Governmen	its. Complete if the o	rganization answered	"Yes" on Form 99	90,
Part IV, line 21, for any recip	ent that received n	nore than \$5,000. Pa	rt II can be duplicate	d if additional space	s needed.		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) JOHN HOPKINS UNIVERSITY OF							
1550 ORLEANS ST							MEDICAL
Baltimore MD 21287	52-0595110	501(C)(3)	30,000				RESEARCH
(2)UNIVERSITY OF CALIFORNIA, D							
1089 VETERINARY MEDICINE DR							MEDICAL
Davis CA 95616	94-6036494	501(C)(3)	30,000				RESEARCH
(3) BAYLOR RESEARCH INSTITUTE							
3434 LIVE OAK ST							MEDICAL
Dallas TX 75204	75-1921898	501(C)(3)	27,487				RESEARCH
(4)NORHTWESTERN UNIVERSITY							
320 E SUPERIOR ST	26 01 6801 8		20.000				MEDICAL
Chicago IL 60611	36-2167817	501(C)(3)	30,000				RESEARCH
(5) INDIANA CENTER FOR LIVER RE							
107 S INDIANA AVE	25 6001672	501((3)(2))	20,000				MEDICAL
Bloomington IN 47405	35-6001673	501(C)(3)	30,000				RESEARCH
(6)NORTHWESTERN UNIVERSITY 633 CLARK ST							MEDICAL
Evanston IL 60208	36-2167817	501(C)(3)	30,000				RESEARCH
	50-210/01/	501(0)(3)	50,000				
(7)							
(8)							
(0)							
(9)							
(-)							
(10)							
2 Enter total number of section 501(c)(3) ar	nd government organi	zations listed in the line	1 table			·	7
3 Enter total number of other organizations						· · · · · · •	· · · · ·

.

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2021) PSC PARTNERS SEEKING A CURE 20-2112635 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 20-2112635

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Pro	ovide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other addi	tional information.

Page **2**

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

PSC PARTNERS SEEKING A CURE

 RE
 20-2112635

 dy_review (Part_VI, line 11)



02. Conflict of interest policy compliance (Part VI, line 12c)

ANNUAL DISCLOSURE AND REVIEW BY BOARD OF DIRECTORS.

03. CEO, executive director, top management comp (Part VI, line 15a)

CEO AND BOARD OF DIRECTORS DO NOT RECEIVE COMPENSATION.

EXECUTIVE DIRECTOR SALARY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL

BASIS.

04. Other officer or key employee compensation (Part VI, line 15b

REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS.

05. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE UPON REASONABLE REQUEST.